

Age/Sex: 46 M
Unit #: 0597460
Account#: 41444894
Admitted:

SAUNDERS, KEVIN E (DEP ER)

ED-

CAYUGA MEDICAL CENTER NURSING *

Page: 1 of 2
Printed 06/26/02 at 0048
Period ending 06/26/02 at 0048
Admission Assessment

MHU EVALUATION

04/26/02 2035 CLE

MENTAL HEALTH UNIT, PSYCHIATRIC EVALUATION

(PRESS: F5 FOR DEMO RECALL)

DATE OF EVALUATION: 04/26/02 Time: 2008 TIME CLEARED: 2008
Revisit Within 72 Hours? N Arrival Mode: Walked, Ambulatory
Patient's address: 1668 TRUMANSBURG ROAD City: ITHACA State: NY
Patient's phone number: 607-277-5808
Accompanied By: Friend
In Emergency Notify: WHELAN, ANNE MARIE
Relationship: Phone: 607-273-6552
Address: 721 W COURT ST City: ITHACA State: NY
Chief Complaint: PT BROUGHT TO ER BY FRIEND. PT STATES THAT HE IS HERE BECAUSE EVERY MORNING AT 3:33 HE WAKES UP SCREAMING BECAUSE THE DRUG HAS BEEN ADMINISTERED AND HE IS HITLER. PT DENIES SI, HI. HE STATES THAT HE HAD BEEN A PT AT TCMHC BUT STOPPED GOING THERE. IT IS UNCLEAR WHETHER OR NOT HE WAS ON ANY MEDS. PT IS SARCASTIC, HAS AN ANGRY EDGE. HE DOES NOT WANT ADMISSION. HE STATES THAT IN THE PAST HE MAY HAVE BEEN DX. WITH BIPOLAR DISORDER AND BORDERLINE PERSONALITY DISORDER. PT DOES NOT FEEL UNSAFE IN ANY WAY.

History of current episode/illness: SINCE FRIDAY

Current Outpt. treatment: (agency, therapist, frequency and when last seen)

Most recent inpatient treatment: ROCHESTER 5 YRS AGO (location, date, reason, los)

IDEATION: DENIES ALL DELUSIONS: Denies All
HALLUCINATIONS: Denies All COMMENTS: PT APPEARS DELUSIONAL AT TIMES
Self mutilation: DENIES Abuse: (EXPLAIN)

AFFECT: Labile MOOD: Irritable
EYE CONTACT: Good
Speech pattern: RATE: Normal RHYTHM: Normal VOLUME: Normal
ENUNCIATION: C COMMENT

Sleep Pattern: OK Sensorium: Alert
(DOCUMENT HRS/DAY, Substance use: Marijuana
MED AIDS & DREAMS) (EXPLAIN)

Family History of mental illness (EXPLAIN): UNKNOWN
Medication: (F5) DENIES History: (F5) DENIES (Medical)

STRESSORS INCLUDE: Social Interaction
Legal Status: Explain:
Support System: Friend Live Arrange: House Lives with: Friend
Disposition: Outpatient Referral Rationale: PT DENIES SI, HI-WILL REFER TO TCMHC
Are there children in the home: N EXPLAIN:

Diagnosis:
AXIS I: AXIS II: BPD AXIS III:
AXIS IV: AXIS V:

Lethality Screen: (SHIFT + F8 FOR SCALE DESCRIPTION)
Dangerousness: 5 Support System: 5
Ability to cooperate: 5 Total Score: 15
SCORE <8 = INCREASED RISK OF HARM TO SELF OR OTHERS

COLLATERAL DATA: (TIME, PERSON/AGENCY, ROI?)
REVIEWED WITH ER PERSONELL: PA
REVIEWED WITH PSYCHIATRIST: ROE
Insurance Pre-certification Documentaion N/A

*****Document all attempts to pre-certify*****

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Monogram	Initials	Name	Nurse Type
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CLE	CLE	LESKOVEC, CHRISTINE	RN
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